

RCIA REGISTRATION

Date: _____

Name _____

Maiden Name _____

Phone _____ Alt. Phone _____ E-Mail _____

Address + City/Zip _____

Date of Birth _____ Place of Birth _____

Name of Father _____

Maiden name of Mother _____

What is your religious background? _____

Were you baptized? _____ * Date & Place _____

Name & Address of Church _____

If Catholic, have you received 1st Eucharist? _____ * Church & Date _____

*Copies of all certificates required

Marital Status: Single? _____ Married? _____ * How Many Times? _____

Separated? _____ Divorced? _____ *

Have you applied for an annulment? _____

Name of Church where applied & date _____

Has annulment been granted? When? Where? _____

* Copy of Marriage License Required / If Divorced - Copy of final decree Required

Spouse Name: _____

Marital status (see above): _____

Religious Affiliation: _____

What attracted you to St. Elizabeth Seton? _____

Do you attend Mass on Sunday? _____ Where? _____

Do you have someone who wishes to be your Godparent or Sponsor or do you want us to select one for you from the Parish? _____ Name of Godparent / Sponsor _____

Do you have any special needs? _____

Other Family Members: _____

Would you like your address/phone number included in the RCIA Directory for your group? ____ Yes ____ No